

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/13/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES
ID PLAN OF CORRECTION

(X1) PROVIDER/PLAN/CLIA
IDENTIFICATION NUMBER:

445277

(X2) MULTIPLE CONSTRUCTION
A. BUILDING 01 - MAIN BUILDING 01

B. WING

(X3) DATE SURVEY
COMPLETED
01/04/2011

NAME OF PROVIDER OR SUPPLIER

MCJIMIN MEMORIAL NURSING HOME & REHAB CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE
896 HWY 411 NORTH
ETOWAH, TN 37331

(X4) ID
PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL
REGULATORY OR LSC IDENTIFYING INFORMATION)

ID
PREFIX TAG

PROVIDER PLAN OF CORRECTION
(EACH CORRECTIVE ACTION SHOULD BE
CROSS-REFERENCED TO THE APPROPRIATE
DEFICIENCY)

(X5)
COMPLETION
DATE

K 064
SS=D

NFPA 101 LIFE SAFETY CODE STANDARD

K 064

Portable fire extinguishers are provided in all
health care occupancies in accordance with
9.7.4.1. 19.3.5.6, NFPA 10

This STANDARD is not met as evidenced by:
Based on observation, the facility failed to assure
fire extinguishers complied with the requirements
of NFPA 10.

The findings include:

Observation on January 4, 2011 at 11:05 a.m.
revealed a large soiled trash container stored in
front of the K-class Fire Extinguisher in the
Kitchen area.

NFPA 101 LIFE SAFETY CODE STANDARD

K 068

Smoking regulations are adopted and include no
less than the following provisions:

(1) Smoking is prohibited in any room, ward, or
compartment where flammable liquids,
combustible gases, or oxygen is used or stored
and in any other hazardous location, and such
area is posted with signs that read NO SMOKING
or with the international symbol for no smoking.

(2) Smoking by patients classified as not
responsible is prohibited, except when under
direct supervision.

(3) Afters of noncombustible material and safe
design are provided in all areas where smoking is
permitted.

REGULATORY DIRECTORS OR PROVIDER/SUPPLIER/CLIA REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Paul S. Miller

A deficiency statement ending with an asterisk (*) denotes a deficiency which the assessor may be excused from correcting providing it is determined that
or subpart (b) of the survey instrument, protection to the patient. (See instructions.) Except for nursing homes, the findings stated above are dischargeable 30 days
following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are dischargeable 14
days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued
survey participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES
STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION

PRINTED: 01/19/2011
FORM APPROVED
OMB NO. 0938-0391

(X1) PROVIDER/CLIA
IDENTIFICATION NUMBER
445277

(X2) MULTIPLE CONSTRUCTION
A. BUILDING 01 - MAIN BUILDING 01
B. WING _____

(X3) DATE SURVEY
COMPLETED
01/04/2011

NAME OF PROVIDER OR SUPPLIER
NOMIN MEMORIAL NURSING HOME & REHAB CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE
808 HWY 411 NORTH
ETOWAH, TN 37331

REF ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	DATE COMPLETION DATE
K 066	Continued From page 1 (4) Metal containers with self-closing cover devices into which ashtrays can be emptied are readily available to all areas where smoking is permitted. 19.7.4 This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure smoking areas were provided with metal containers with self-closing cover devices. The findings include: Observation on January 4, 2011 revealed the designated smoking area had no metal trash container with a self-closing cover.	K 066	- Corrective actions include the purchase of new 15 gallon trash receptacle and 5 gallon cigarette butt receptacle to be placed in designated smoking area. Both receptacles in place by January 21, 2011. Old receptacles removed. - Residents will only be allowed to smoke in one designated area and monitored by staff when smoking. (Exception: In severely inclement weather residents may use the canopy area greater than 5 ft. from the front door.) - Inservice with nursing home staff on designated smoking area and scheduled daily pick-up and emptying of receptacles by staff scheduled on January 20, 2011 2:00 pm and January 21, 2011 2:00 pm. - Monitored by DON, housekeeping and Safety Officer on daily basis with checklist.	01/21/11

FOI(b) (7)(2), (7)(3), (7)(D) Previous Versions Deleted

Event ID: ANW21

Facility ID: 151005

If continuation sheet Page 2 of 2